



North Carolina Department of Health and Human Services  
Division of Aging and Adult Services

2101 Mail Service Center • Raleigh, North Carolina 27699-2101  
Courier 56-20-02 Phone 919-733-3818 Fax 919-715-0023

Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Karen E. Gottovi, Director  
(919) 733-3983

August 4, 2005

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

**SUBJECT: TRAINING ON THE DYNAMICS OF MISTREATMENT AMONG  
ELDERLY AND DISABLED ADULTS**

The Division of Aging and Adult Services is pleased to announce the availability of a one-day workshop entitled *Dynamics of Mistreatment Among Elderly and Disabled Adults*. The workshop will be offered on September 13, 2005 in Hickory and May 5, 2006 in Wilson.

This workshop will provide participants an excellent opportunity to learn about and discuss the emotional and psychological aspects of mistreatment. It will provide participants with insight into the psychological dynamics involved in many Adult Protective Services (APS) cases. The workshop will utilize lecture and small group discussions to introduce participants to these psychological dynamics. The workshop will also provide an understanding of how to identify and assess family abuse dynamics and examine how to develop and integrate solutions, based on an understanding of these dynamics, into practice in APS cases.

Social workers and supervisors with responsibility for evaluating and planning service interventions in APS cases will benefit from attending this workshop. The workshop is being offered as an advanced level training (beyond the APS Basic Skills Training) for APS staff. **All participants should have completed both Modules I and II of the *Adult Protective Services Basic Skills Training* prior to attending this workshop.**

A maximum of thirty participants will be accepted at each of the training sites. Registration will be accepted on first come, first served basis. There is no cost for this training, however,

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Dynamics of Mistreatment  
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**you must pre-register.** A registration form is attached. Please make copies as needed. Participants can expect to receive a confirmation letter and specific information about the training site after registering. Each workshop **starts at 9:30 a.m.** and will **end by 4:00 p.m.** There will be no on-site registration.

Please choose one of the workshops listed below and complete the attached registration form. If the site you request is full, you will be notified and offered another site, if available. Refreshments will not be provided, however, participants may bring their own drinks and snacks.

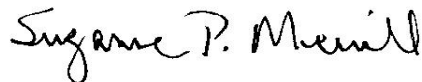
**September 13, 2005**  
Catawba Valley Medical Center  
810 Fairgrove Church Road SE  
Hickory, NC

**May 5, 2006**  
Wilson County DSS  
100N. East Gold Street  
Wilson, NC

If you need additional information or have questions regarding the content of the workshops, please contact Laura Cockman, APS Program Consultant at (919) 733-3818, or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Program Assistant, at the number referenced above.

To **assure registration** at the selected location, send your registration as soon as possible. A completed registration form may be **mailed or faxed** to Ms. Nealous at NC Division of Aging and Adult Services, 693 Palmer Drive, 2101 MSC, North Carolina 27699-2101. FAX: (919) 715-0023. **On-line registration** is also available at <http://www.ncswtrain.org/>.

Sincerely,



Suzanne P. Merrill, Chief  
Adult Services Section

SPM/lsc

AFS-11-2005

Attachment

## Adult Services, NC Division of Aging and Adult Services Registration Form

**Have you attended the prerequisites for this training event?**

☐ Yes ☐ No

(For prerequisite information please refer to the training description)

☐ Not Applicable for this Training

First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

If you have ever registered for a training under a different name, what is that name? \_\_\_\_\_

"Goes By" Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(SSN requested for internal record keeping purposes only)

Gender: ☐ Female ☐ Male

Race/Ethnicity (Optional):  
☐ Caucasian ☐ African American ☐ Latino/Hispanic ☐ Asian/Pacific Islander ☐ Native American/Eskimo ☐ Mixed Race

Home Phone (please include area code):

( ) \_\_\_\_\_

Work Phone & Extension (please include area code):

( ) \_\_\_\_\_

Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Agency Name: \_\_\_\_\_

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

State Courier #: \_\_\_\_\_ County: \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Supervisor's Phone (please include area code): ( ) \_\_\_\_\_

### Employment Type:

- ☐ Not applicable
- ☐ County DSS - Permanent
- ☐ County DSS - Temporary
- ☐ County Non-DSS
- ☐ Federal Agencies
- ☐ State Agency/Public University
- ☐ Private University/College
- ☐ Private Agency/Business

### Work Type:

- ☐ Direct Client Service
- ☐ Line Supervisor
- ☐ Trainer/Staff Development
- ☐ Program Manager
- ☐ Program/Admin. Support
- ☐ Director
- ☐ Other
- ☐ Not Applicable

### Program Responsibilities:

If you are **NOT** a county DSS worker, please skip to the next box (Check all that apply)

- ☐ Adult Care Home CMS
- ☐ Adult Day Care
- ☐ Adult Home Specialist
- ☐ Adult Protective Services
- ☐ Adult Services Intake
- ☐ At-Risk Case Management
- ☐ Attorney
- ☐ Guardianship
- ☐ In-Home Aide Services
- ☐ Special Assistance
- ☐ Trainer
- ☐ Other

### Other Roles:

Complete this box if you are **NOT** a county DSS worker

- ☐ Aging Services
- ☐ Attorney/Judicial
- ☐ Developmental Disabilities
- ☐ Health/Medical
- ☐ Law Enforcement
- ☐ Long Term Care
- ☐ Mental Health
- ☐ Student/Student Intern
- ☐ Substance Abuse
- ☐ Vocational Rehabilitation
- ☐ Other

### Highest Degree

- ☐ HS
- ☐ Associate
- ☐ Bachelor
- ☐ Masters
- ☐ Doctorate

### Highest Social Work Degree

- ☐ BSW/BSSW
- ☐ MSW/MSSW
- ☐ PhD/DSW

### Training Event

To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached

Training Event you are registering for: \_\_\_\_\_

Date(s) of Training Event: \_\_\_\_\_

Location of Training Event: \_\_\_\_\_

If you are replacing a registered co-worker, what is his/her name: \_\_\_\_\_

If you are making up a missed training day, which day are you making up? \_\_\_\_\_